

# PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004  
Annual Plan for Fiscal Year 2001

## ***Mankato EDA***

**Mankato, MN**  
**MN063**



## **PHA Plan Agency Identification**

**PHA Name:** Mankato EDA

**PHA Number:** MN063

**PHA Fiscal Year Beginning:** April 1, 2001

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☒ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☒ Public library
- ☒ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2000 - 2004**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☐ The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☒ PHA Goal: Expand the supply of assisted housing  
Objectives:
- ☐ Apply for additional rental vouchers:
  - ☒ Reduce public housing vacancies:
  - ☒ Leverage private or other public funds to create additional housing opportunities:
  - ☐ Acquire or build units or developments
  - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing  
Objectives:
- ☒ Improve public housing management: (PHAS score)
  - ☒ Improve voucher management: (SEMAP score)
  - ☐ Increase customer satisfaction:
  - ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

- ☒ Renovate or modernize public housing units:
  - ☐ Demolish or dispose of obsolete public housing:
  - ☐ Provide replacement public housing:
  - ☐ Provide replacement vouchers:
  - ☒ Other: (list below)
    1. Improve housing stock through rehab efforts.
    2. Increase housing stock through new construction initiatives.
- ☒ PHA Goal: Increase assisted housing choices
- Objectives:
- ☒ Provide voucher mobility counseling:
  - ☒ Conduct outreach efforts to potential voucher landlords
  - ☐ Increase voucher payment standards
  - ☒ Implement voucher homeownership program:
 

Design and implement program.
  - ☐ Implement public housing or other homeownership programs:
  - ☐ Implement public housing site-based waiting lists:
  - ☐ Convert public housing to vouchers:
  - ☒ Other: (list below)
    1. Small Cities Development Program funds are being utilized to rehab existing rental housing stock and encourages affordability by maintaining rent ceilings on quality units.
    2. MHFA funds unitized to increase affordable single family housing.

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- ☒ PHA Goal: Provide an improved living environment
- Objectives:
- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - ☐ Implement public housing security improvements:
  - ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - ☒ Other: (list below)
    1. Rehab units through CFP.

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☒ Other: (list below)
  1. Promote and expand homeownership program.
  2. Provide Homeownership training classes & 1<sup>st</sup> time homebuyer financial assistance

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☒ Other: (list below)
  1. Provide Fair Housing training to staff working with Legal Aid as well as training designed to fight discrimination;
  2. Provide language translators; and
  3. Translate leases into other languages.

**Other PHA Goals and Objectives: (list below)**

1. Pursue expanding Voucher program
2. Fully utilize voucher program.
3. Assist as many individual and families as possible within program funding limits.

**Annual PHA Plan**  
**PHA Fiscal Year 2000**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

**Streamlined Plan:**

- ☒ **High Performing PHA**  
☐ **Small Agency (<250 Public Housing Units)**  
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Attachment A . . . Definition of Substantial Deviation and Significant Amendment Or Modification

Attachment B . . . Board Resolution

Attachment C . . . PHA Certifications of Compliance with the PHA Plans and Related Regulations (OMB Form 2577-0226)

Attachment D . . . Certification of PHA Plan's Consistency with State Consolidated Plan

Attachment E . . . Certification for a Drug-Free Workplace (HUD Form 50070)

Attachment F . . . Certification of Payments to Influence federal Transactions (HUD Form 50071)

Attachment G . . . Resident Advisory Board (RAB) Membership

Attachment K . . . Pet Policy

### Required Attachments:

- ☐ Admissions Policy for Deconcentration
- ☒ FY 2000 Capital Fund Program Annual Statement --- **Attachment H**
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

### Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☒ FY 2000 Capital Fund Program 5 Year Action Plan --- **Attachment I**
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☒ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) --- **Attachment J**



☐ Other (List below, providing each attachment name)

### Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review |   |  |
|---|---|--|
| Applicable & On Display                           | Supporting Document   | Applicable Plan Component                                    |
| ○   | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations  | 5 Year and Annual Plans                                      |
| ○   | State/Local Government Certification of Consistency with the Consolidated Plan  | 5 Year and Annual Plans                                      |
| ○   | Fair Housing Documentation:<br>Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans                                      |
| ○   | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction   | Annual Plan:<br>Housing Needs                                |
| ○   | Most recent board-approved operating budget for the public housing program  | Annual Plan:<br>Financial Resources;                         |
| ○   | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]  | Annual Plan: Eligibility, Selection, and Admissions Policies |
| ○   | Section 8 Administrative Plan   | Annual Plan: Eligibility, Selection, and Admissions Policies |
| N/A   | Public Housing Deconcentration and Income Mixing Documentation:<br>1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and<br>2. Documentation of the required deconcentration and income mixing analysis   | Annual Plan: Eligibility, Selection, and Admissions Policies |
| ○   | Public housing rent determination policies, including the methodology for setting public housing flat rents   | Annual Plan: Rent Determination                              |

| <b>List of Supporting Documents Available for Review</b> |   |   |
|--|---|---|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                  |
|  | <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy   |   |
| ○  | Schedule of flat rents offered at each public housing development<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy                              | Annual Plan: Rent Determination                   |
| ○  | Section 8 rent determination (payment standard) policies<br><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan   | Annual Plan: Rent Determination                   |
| ○  | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)                          | Annual Plan: Operations and Maintenance           |
| ○  | Public housing grievance procedures<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Grievance Procedures                 |
| ○  | Section 8 informal review and hearing procedures<br><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan   | Annual Plan: Grievance Procedures                 |
| ○  | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year  | Annual Plan: Capital Needs                        |
| ○  | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant   | Annual Plan: Capital Needs                        |
| ○  | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)  | Annual Plan: Capital Needs                        |
| N/A  | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing                           | Annual Plan: Capital Needs                        |
| N/A  | Approved or submitted applications for demolition and/or disposition of public housing  | Annual Plan: Demolition and Disposition           |
| N/A  | Approved or submitted applications for designation of public housing (Designated Housing Plans)   | Annual Plan: Designation of Public Housing        |
| N/A  | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act | Annual Plan: Conversion of Public Housing         |
| N/A  | Approved or submitted public housing homeownership programs/plans   | Annual Plan: Homeownership                        |
| ○  | Policies governing any Section 8 Homeownership program<br><input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan                                       | Annual Plan: Homeownership                        |
| N/A  | Any cooperative agreement between the PHA and the TANF agency   | Annual Plan: Community Service & Self-Sufficiency |
|  | FSS Action Plan/s for public housing and/or Section 8   | Annual Plan: Community                            |

| <b>List of Supporting Documents Available for Review</b> |   |   |
|--|---|---|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                  |
| ø  |   | Service & Self-Sufficiency                        |
| N/A  | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports  | Annual Plan: Community Service & Self-Sufficiency |
| N/A  | The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)                        | Annual Plan: Safety and Crime Prevention          |
| ø  | The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit                         |
| N/A  | Troubled PHAs: MOA/Recovery Plan  | Troubled PHAs                                     |
| N/A  | Other supporting documents (optional) (list individually; use as many lines as necessary)   | (specify as needed)                               |
|  |   |   |

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| <b>Housing Needs of Families in the Jurisdiction<br/>by Family Type</b> |                |                       |               |                |                       |             |                  |
|---|----------------|-----------------------|---------------|----------------|-----------------------|-------------|------------------|
| <b>Family Type</b>  | <b>Overall</b> | <b>Afford-ability</b> | <b>Supply</b> | <b>Quality</b> | <b>Access-ibility</b> | <b>Size</b> | <b>Loca-tion</b> |
| Income <= 30% of AMI  | 1027           | 5                     | 4             | 2              | 3                     | 3           | 2                |
| Income >30% but <=50% of AMI  | 884            | 4                     | 4             | 2              | 3                     | 3           | 2                |
| Income >50% but <80% of AMI   | 678            | 3                     | 4             | 2              | 3                     | 3           | 2                |
| Elderly   | 439            | 2                     | 3             | 2              | 3                     | 3           | 2                |
| Families with Disabilities  | N/A            | --                    | --            | --             | --                    | --          | --               |
| Race/White  | 6091           | 3                     | 4             | 2              | 3                     | 2           | 2                |
| Race/Black  | 55             | 4                     | 4             | 2              | 3                     | 5           | 2                |
| Race/Hispanic   | 70             | 4                     | 4             | 2              | 3                     | 3           | 2                |

| Housing Needs of Families in the Jurisdiction<br>by Family Type |         |                    |        |         |                    |      |               |
|---|---------|--------------------|--------|---------|--------------------|------|---------------|
| Family Type   | Overall | Afford-<br>ability | Supply | Quality | Access-<br>ibility | Size | Loca-<br>tion |
| Race/Native Am.   | 6       | 4                  | 4      | 2       | 3                  | 2    | 2             |
| Asian   | 108     | 3                  | 4      | 2       | 3                  | 3    | 2             |

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s (State of Minnesota)  
Indicate year: 2001
- ☒ U.S. Census data:  
☐ American Housing Survey data  
Indicate year:
- ☒ Other housing market study  
Indicate year: 1999
- ☐ Other sources: (list and indicate year of information)  
1. Staff knowledge and experience.

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List  |               |                     |                 |
|--|---------------|---------------------|-----------------|
| Waiting list type: (select one)  |               |                     |                 |
| <input type="checkbox"/> Section 8 tenant-based assistance                                       |               |                     |                 |
| <input type="checkbox"/> Public Housing  |               |                     |                 |
| <input checked="" type="checkbox"/> Combined Section 8 and Public Housing                        |               |                     |                 |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |               |                     |                 |
| If used, identify which development/subjurisdiction:   |               |                     |                 |
|  | # of families | % of total families | Annual Turnover |
| Waiting list total   | 126           |                     | 100%            |
| Extremely low income <=30% AMI   | 79            | 63%                 |                 |
| Very low income (>30% but <=50% AMI)   | 42            | 33%                 |                 |
| Low income   |               |                     |                 |

| Housing Needs of Families on the Waiting List   |    |      |     |
|---|----|------|-----|
| (>50% but <80% AMI)   | 5  | 4%   |     |
| Families with children  | 79 | 63%  |     |
| Elderly families  | 5  | 4%   |     |
| Families with Disabilities  | 11 | 9%   |     |
| Race/White  | 73 | 58%  |     |
| Race/Black  | 46 | 37%  |     |
| Race//Hispanic  | 6  | 4.5% |     |
| Race/Native Am.   | 1  | 1%   |     |
| Race/Asian  | 5  | 4%   |     |
|   |    |      |     |
| Characteristics by Bedroom Size (Public Housing Only)   |    |      |     |
| 1BR   | 6  | 19%  | 11% |
| 2 BR  | 10 | 31%  | 25% |
| 3 BR  | 11 | 34%  | 35% |
| 4 BR  | 3  | 9%   | 25% |
| 5 BR  | 2  | 7%   | 20% |
| 5+ BR   | 0  | 0%   | N/A |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes:<br>How long has it been closed (# of months)?<br>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes |    |      |     |

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☒ Other: (list below)
  1. Coordinating activities with MHFA First Time Homebuyer Program.
  2. Participating in home rehab program such as the Small Cities Development Program.
  3. Expand marketing to landlords.

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☒ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☒ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☒ Results of consultation with advocacy groups
- ☐ Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations,



public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                              |                   |                     |
|---|-------------------|---------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b> |
| <b>1. Federal Grants (FY 2000 grants)</b>   |                   |                     |
| a) Public Housing Operating Fund  | \$79,000          |                     |
| b) Public Housing Capital Fund  | \$311,183         |                     |
| c) HOPE VI Revitalization   | ---               |                     |
| d) HOPE VI Demolition   | ---               |                     |
| e) Annual Contributions for Section 8 Tenant-Based Assistance                         | \$1,368,559       |                     |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | ---               |                     |
| g) Resident Opportunity and Self-Sufficiency Grants                                   | ---               |                     |
| h) Community Development Block Grant  | ---               |                     |
| i) HOME   | ---               |                     |
| Other Federal Grants (list below)   | ---               |                     |
|   |                   |                     |
| <b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>             | -0-               |                     |
|   | ---               |                     |
|   | ---               |                     |
|   |                   |                     |
| <b>3. Public Housing Dwelling Rental Income</b>                                       | \$483,510         | Program operations  |
| <b>Excess utilities</b>   | \$5,100           | Program operations  |
|   |                   |                     |
| <b>4. Other income (list below)</b>   |                   |                     |
| Interest income   | \$13,000          | Program operations  |
| Other Income  | \$6,000           |                     |
| <b>4. Non-federal sources (list below)</b>  |                   |                     |
| <b>SCDP – Washington park</b>   | \$0               | Rental/owner rehab  |
| <b>SCDP – Lincoln Park</b>  | \$97,000          | Rental/owner rehab  |
| <b>MHFA – Rental rehab</b>  | -0-               | Rental rehab        |
| <b>Total resources</b>  | \$2,363,352       |                     |
|   |                   |                     |
|   |                   |                     |

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: (describe)
  - 1. At time of in-take appointment.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☒ Other (describe)
  - 1. Credit history.

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

##### **(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office  
☐ PHA development site management office  
☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

The City of Mankato does not utilize a site-based wait list.

1. How many site-based waiting lists will the PHA operate in the coming year? Not applicable.

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists? Not applicable.

3. ☐ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists? Not applicable.

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office  
☐ All PHA development management offices  
☐ Management offices at developments with site-based waiting lists  
☐ At the development to which they would like to apply  
☒ Other (list below)

The City of Mankato does not utilize a site-based wait list.

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One  
☒ Two  
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

#### **(4) Admissions Preferences**

a. Income targeting:

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☐ Emergencies  
☐ Overhoused  
☐ Underhoused  
☒ Medical justification  
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)  
☐ Resident choice: (state circumstances below)  
☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
☒ Victims of domestic violence  
☒ Substandard housing  
☒ Homelessness  
☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability  
☒ Veterans and veterans' families  
☒ Residents who live and/or work in the jurisdiction  
☐ Those enrolled currently in educational, training, or upward mobility programs

- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☒ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)
  - 1. ELI

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

#### Date and Time

#### Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- High rent burden
- 2 Local Preference
- 2 ELI

#### Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☒ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

#### 4. Relationship of preferences to income targeting requirements:

- ☒ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☒ At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site-based waiting lists  
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)

- b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☐ Criminal or drug-related activity
- ☒ Other (describe below)
1. Rental history upon request and if it is available in the file.

### **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- ☒ PHA main administrative office
- ☐ Other (list below)

### **(3) Search Time**

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

The PHA will usually provide a 30-day extension and a 60-day extension if needed and if requested.

### **(4) Admissions Preferences**



a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☒ Substandard housing
- ☒ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☒ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☒ Other preference(s) (list below)
1. Local preferences.

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☒ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☒ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☒ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan  
☒ Briefing sessions and written materials  
☐ Other (list below)

- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices  
☒ Other (list below)  
The PHA notifies social services agencies that make referrals to the PHA's Section 8 program.

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

##### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

- a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

- b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- ☐ For household heads  
☐ For other family members  
☐ For transportation expenses  
☒ For the non-reimbursed medical expenses of non-disabled or non-elderly families  
☒ Other (describe below)  
1. For minors in child care.

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☒ Yes for all developments
- ☐ Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☒ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☒ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☒ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☒ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- ☐ Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☒ Other (list/describe below)
  - 1. Market information and data collected from applicants and newspapers.

## **B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

## **(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR (and at HUD approved exception rents.)
- ☒ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☒ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☒ Reflects market or submarket
- ☒ To increase housing options for families
- ☒ Other (list below)

1. HUD approved exception rents for our PHA area.

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☐ \$1-\$25
- ☒ \$26-\$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

1. Rent hardship exemption policies are in development.

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

**EXEMPT**

**The Mankato HRA/EDA is EXEMPT from this section due to its status as a High Performing PHA.**

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

**EXEMPT**

**A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management****EXEMPT**

Enter all programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

| Program Name  | Units or Families Served at Year Beginning | Expected Turnover |
|---|--|-------------------|
| Public Housing  |  |                   |
| Section 8 Vouchers  |  |                   |
| Section 8 Certificates  |  |                   |
| Section 8 Mod Rehab   |  |                   |
| Special Purpose Section 8 Certificates/Vouchers (list individually) | Not Applicable                             |                   |
| Public Housing Drug Elimination Program (PHDEP)                     |  |                   |
|   |  |                   |
|   |  |                   |
| Other Federal Programs(list individually)                           |  |                   |
|   |  |                   |
|   |  |                   |

**C. Management and Maintenance Policies****EXEMPT**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)



6. **PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

**EXEMPT**

**The Mankato HRA/EDA is EXEMPT from this section due to its status as a High Performing PHA.**

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

**A. Public Housing**

**EXEMPT**

1. ☐ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☐ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

**B. Section 8 Tenant-Based Assistance**

**EXEMPT**

1. ☐ Yes ☐ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☐ PHA main administrative office  
☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☐ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

☒ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

**Component 7 Capital Fund Program Annual Statement Parts I & II can be viewed on the following page.**

**Component 7**  
**Capital Fund Program Annual Statement**  
**Parts I and II**

**Annual Statement/Performance and Evaluation Report ATTACHMENT H**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:**  
**Summary**

|                              |   |  |
|------------------------------|---|--|
| <b>PHA Name: Mankato EDA</b> | <b>Grant Type and Number</b><br>Capital Fund Program: MN46P06350101<br>Capital Fund Program<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br><b>2001</b> |
|------------------------------|---|--|

☒ **Original Annual Statement**
☐ **Reserve for Disasters/ Emergencies**
☐ **Revised Annual Statement (revision no:     )**  
☐ **Performance and Evaluation Report for Period Ending:**
☐ **Final Performance and Evaluation Report**

| Line No. | Summary by Development Account          | Total Estimated Cost |         | Total Actual Cost |          |
|----------|---|----------------------|---------|-------------------|----------|
|          |   | Original             | Revised | Obligated         | Expended |
| 1        | Total non-CFP Funds                     |                      |         |                   |          |
| 2        | 1406 Operations                         | 30,000               |         | 0                 | 0        |
| 3        | 1408 Management Improvements            |                      |         |                   |          |
| 4        | 1410 Administration                     | 10,000               |         | 0                 | 0        |
| 5        | 1411 Audit                              |                      |         |                   |          |
| 6        | 1415 liquidated Damages                 |                      |         |                   |          |
| 7        | 1430 Fees and Costs                     | 15,000               |         | 0                 | 0        |
| 8        | 1440 Site Acquisition                   |                      |         |                   |          |
| 9        | 1450 Site Improvement                   | 35,000               |         | 0                 | 0        |
| 10       | 1460 Dwelling Structures                | 221,183              |         | 0                 | 0        |
| 11       | 1465.1 Dwelling Equipment—Nonexpendable |                      |         |                   |          |
| 12       | 1470 Nondwelling Structures             |                      |         |                   |          |
| 13       | 1475 Nondwelling Equipment              |                      |         |                   |          |
| 14       | 1485 Demolition                         |                      |         |                   |          |
| 15       | 1490 Replacement Reserve                |                      |         |                   |          |
| 16       | 1492 Moving to Work Demonstration       |                      |         |                   |          |

**Annual Statement/Performance and Evaluation Report ATTACHMENT H**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:**  
**Summary**

| <b>PHA Name: Mankato EDA</b>   |   | <b>Grant Type and Number</b><br>Capital Fund Program: MN46P06350101<br>Capital Fund Program<br>Replacement Housing Factor Grant No: |  |                   | <b>Federal FY of Grant:</b><br><b>2001</b> |  |
|--|---|---|--|-------------------|--|--|
| <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> |   |   |  |                   |  |  |
| <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>   |   |   |  |                   |  |  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |  | Total Actual Cost |  |  |
| 17   | 1495.1 Relocation Costs                                   |   |  |                   |  |  |
|  | 1498 Mod Used for Development                             |   |  |                   |  |  |
| 19   | 1502 Contingency  |   |  |                   |  |  |
| 20   | Amount of Annual Grant: (sum of lines 2-19)               | 311,183   |  | 0                 | 0  |  |
| 21   | Amount of line 20 Related to LBP Activities               |   |  |                   |  |  |
| 22   | Amount of line 20 Related to Section 504 Compliance       |   |  |                   |  |  |
| 23   | Amount of line 20 Related to Security                     |   |  |                   |  |  |
| 24   | Amount of line 20 Related to Energy Conservation Measures |   |  |                   |  |  |

**Annual Statement/Performance and Evaluation Report ATTACHMENT H**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

| PHA Name: Mankato EDA                         |   | Grant Type and Number<br>Capital Fund Program #: MN46P06350101<br>Capital Fund Program<br>Replacement Housing Factor #: |          |                      |         | Federal FY of Grant: 2001 |                |                         |
|---|---|---|----------|----------------------|---------|---------------------------|----------------|-------------------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost         |                | Status of Proposed Work |
|   |   |   |          | Original             | Revised | Funds Obligated           | Funds Expended |                         |
| A/W   | Operations  | 1406  | N/A      | 30,000               |         |                           |                |                         |
| A/W   | Administration  | 1410  | N/A      | 10,000               |         |                           |                |                         |
| A/W   | Fees & Costs  | 1430  | N/A      | 15,000               |         |                           |                |                         |
|   |   |   |          |                      |         |                           |                |                         |
| MN 63-1                                       |   |   |          |                      |         |                           |                |                         |
| MN 63-2                                       |   |   |          |                      |         |                           |                |                         |
| MN 63-6                                       | Site Improvements (concrete repair & replacement, driveway overlays)  | 1450  | 11       | 35,000               |         |                           |                |                         |
| MN63-1, -2, & -6                              | Dwelling Structures (replace sinks, vanities, flooring, tub/shower units, vent hoods, GFIs, circuit breaker/fuse boxes, etc.) | 1460  | 40       | 221,183              |         |                           |                |                         |
|   |   |   |          |                      |         |                           |                |                         |
|   |   |   |          |                      |         |                           |                |                         |
|   |   |   |          |                      |         |                           |                |                         |

**Annual Statement/Performance and Evaluation Report ATTACHMENT H**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

| PHA Name: Mankato EDA                               |   | <b>Grant Type and Number</b><br>Capital Fund Program #: MN46P06350101<br>Capital Fund Program<br>Replacement Housing Factor #: |          |                      |         | Federal FY of Grant: 2001 |                   |                               |
|---|---|--|----------|----------------------|---------|---------------------------|-------------------|-------------------------------|
| Development<br>Number<br>Name/HA-Wide<br>Activities | General Description of Major Work<br>Categories | Dev. Acct No.  | Quantity | Total Estimated Cost |         | Total Actual Cost         |                   | Status of<br>Proposed<br>Work |
|   |   |  |          | Original             | Revised | Funds<br>Obligated        | Funds<br>Expended |                               |
|   |   |  |          |                      |         |                           |                   |                               |
|   |   |  |          |                      |         |                           |                   |                               |
|   |   |  |          |                      |         |                           |                   |                               |
|   |   |  |          |                      |         |                           |                   |                               |
|   |   |  |          |                      |         |                           |                   |                               |
|   |   |  |          |                      |         |                           |                   |                               |
|   |   |  |          |                      |         |                           |                   |                               |

**Annual Statement/Performance and Evaluation Report ATTACHMENT H**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFR)**  
**Part III: Implementation Schedule**

|  |   |         |   |   |         |        |       |
|--|---|---------|---|---|---------|--------|-------|
| PHA Name: Mankato EDA                            |   |         | <b>Grant Type and Number</b><br>Capital Fund Program #: MN46P06350101<br><br>Capital Fund Program Replacement Housing Factor #: |   |         |        | Feder |
| Development Number<br>Name/HA-Wide<br>Activities | All Fund Obligated<br>(Quart Ending Date) |         |   | All Funds Expended<br>(Quarter Ending Date) |         |        |       |
|  | Original                                  | Revised | Actual  | Original                                    | Revised | Actual |       |
| HA-Wide  | 6/30/2003                                 |         |   | 6/30/2004                                   |         |        |       |
| MN63-001   | 6/30/2003                                 |         |   | 6/30/2004                                   |         |        |       |
| MN63-002   | 6/30/2003                                 |         |   | 6/30/2004                                   |         |        |       |
| MN63-006   | 6/30/2003                                 |         |   | 6/30/2004                                   |         |        |       |
|  |   |         |   |   |         |        |       |
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**(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name **Capital Fund Program 5-Year Action Plan** **ATTACHMENT I**)

-or-

- ☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:



- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

| Demolition/Disposition Activity Description                                 |  |
|---|--|
| 1a. Development name:   | <b>Hoffman-Agency Subdivision, Lot 1, Block 1</b>  |
| 1b. Development (project) number:   | <b>MN 063-002</b>  |
| 2. Activity type:   | Demolition <input type="checkbox"/><br>Disposition <input checked="" type="checkbox"/>   |
| 3. Application status (select one)  | Approved <input type="checkbox"/><br>Submitted, pending approval <input type="checkbox"/><br>Planned application <input checked="" type="checkbox"/> |
| <b>Not Applicable</b>   |  |
| 3. Date application approved, submitted, or <i>planned for submission</i> : | <u>(07/01/01)</u>  |
| 5. Number of units affected:  | 0  |
| 6. Coverage of action (select one)  | <input checked="" type="checkbox"/> Part of the development<br><input type="checkbox"/> Total development  |
| 7. Timeline for activity:   |  |

- a. Actual or projected start date of activity: 09/01/01  
b. Projected end date of activity: 09/01/02

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

| Designation of Public Housing Activity Description   |  |
|--|--|
| 1a. Development name:  |  |
| 1b. Development (project) number:  |  |
| 2. Designation type:   |  |
| Occupancy by only the elderly <input type="checkbox"/>                                     |  |
| Occupancy by families with disabilities <input type="checkbox"/>                           |  |
| Occupancy by only elderly families and families with disabilities <input type="checkbox"/> |  |
| 3. Application status (select one)   |  |
| Approved; included in the PHA's Development Plan <input type="checkbox"/>                  |  |
| Submitted, pending approval <input type="checkbox"/>                                       |  |
| Planned application <input type="checkbox"/>   |  |
| 4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)        |  |

|  |
|--|
| 5. If approved, will this designation constitute a (select one)<br><input type="checkbox"/> New Designation Plan<br><input type="checkbox"/> Revision of a previously-approved Designation Plan? |
| 6. Number of units affected:<br>7. Coverage of action (select one)<br><input type="checkbox"/> Part of the development<br><input type="checkbox"/> Total development                             |

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

| <b>Conversion of Public Housing Activity Description</b>  |  |
|---|--|
| 1a. Development name:   |  |
| 1b. Development (project) number:   |  |
| 2. What is the status of the required assessment?   |  |
| <input type="checkbox"/> Assessment underway<br><input type="checkbox"/> Assessment results submitted to HUD<br><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)<br><input type="checkbox"/> Other (explain below) |  |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to  |  |

block 5.)

4. Status of Conversion Plan (select the statement that best describes the current status)

- ☐ Conversion Plan in development
- ☐ Conversion Plan submitted to HUD for approval
- ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY)
- ☐ Activities pursuant to HUD-approved Conversion Plan underway

Not Applicable

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- ☐ Units addressed in a pending or approved demolition application (date submitted or approved: \_\_\_\_\_)
- ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: \_\_\_\_\_)
- ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: \_\_\_\_\_)
- ☐ Requirements no longer applicable: vacancy rates are less than 10 percent
- ☐ Requirements no longer applicable: site now has less than 300 units
- ☐ Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied

or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

**2. Activity Description**

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

| Public Housing Homeownership Activity Description<br>(Complete one for each development affected)  |                |
|--|----------------|
| 1a. Development name:<br>1b. Development (project) number:   |                |
| 2. Federal Program authority:<br><input type="checkbox"/> HOPE I<br><input type="checkbox"/> 5(h)<br><input type="checkbox"/> Turnkey III<br><input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)           | Not Applicable |
| 3. Application status: (select one)<br><input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program<br><input type="checkbox"/> Submitted, pending approval<br><input type="checkbox"/> Planned application |                |
| 4. Date Homeownership Plan/Program approved, submitted, or planned for submission:<br>(DD/MM/YYYY)   |                |
| 5. Number of units affected:<br>6. Coverage of action: (select one)<br><input type="checkbox"/> Part of the development<br><input type="checkbox"/> Total development  |                |

**B. Section 8 Tenant Based Assistance**

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to

high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description: **(Exempt due to status as a High Performing PHA)**

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

**12. PHA Community Service and Self-sufficiency Program** **EXEMPT**

**The Mankato HRA/EDA is EXEMPT from this section due to its status as a High Performing PHA.**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

**A. PHA Coordination with the Welfare (TANF) Agency** **EXEMPT**

1. Cooperative agreements:

☐ Yes ☐ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☐ Client referrals
- ☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

**B. Services and programs offered to residents and participants**  
**(1) General**

**EXEMPT**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

**Services and Programs**

| Program Name & Description<br>(including location, if appropriate) | Estimated<br>Size | Allocation<br>Method<br>(waiting<br>list/random<br>selection/specific<br>criteria/other) | Access<br>(development office /<br>PHA main office /<br>other provider name) | Eligibility<br>(public housing or<br>section 8<br>participants or<br>both) |
|--|-------------------|--|--|--|
|  |                   |  |  |  |
|  |                   |  |  |  |
|  |                   |  |  |  |
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|  |                   |  |  |  |
|  |                   |  |  |  |
|  |                   |  |  |  |

Not Applicable

**(2) Family Self Sufficiency program/s**

a. Participation Description

| Family Self Sufficiency (FSS) Participation |  |  |
|---|--|--|
| Program                                     | Required Number of Participants<br>(start of FY 2000 Estimate) | Actual Number of Participants<br>(As of: DD/MM/YY) |
| Public Housing                              |  |  |
| Section 8                                   |  |  |

Not Applicable

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions** **EXEMPT**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- ☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies



- ☐ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

### **13. PHA Safety and Crime Prevention Measures**

EXEMPT

**The Mankato HRA/EDA is a High Performing PHA that does not participate in the PHDEP program.**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents (Exempt)**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents

- ☐ Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

**EXEMPT**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

**C. Coordination between PHA and the police**

**EXEMPT**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☐ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

☐ Other activities (list below)

2. Which developments are most affected? (list below)

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

**NOT APPLICABLE**

☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?

☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

Civil Rights Certifications will be sent under separate cover as directed.

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)

2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?

3. ☐ Yes ☒ No: Were there any findings as the result of that audit?

4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?

If yes, how many unresolved findings remain? \_\_\_\_

5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD? **(not applicable)**

If not, when are they due (state below)?

**EXEMPT**

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component.  
High performing and small PHAs are not required to complete this component.

**The Mankato HRA/EDA is EXEMPT from this section due to its status as a High Performing PHA.**

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☐ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - ☒ Attached at Attachment (File name) **ATTACHMENT J**
  - ☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
  - ☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
  - ☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:
  - ☐ Other: (list below)

## B. Description of Election process for Residents on the PHA Board

1. ☒ Yes ☐ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☐ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.) (Not Applicable)

### 3. Description of Resident Election Process (Not Applicable)

#### a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

#### b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

#### c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

## C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Minnesota)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

1. Ongoing implementation of the SCDP Washington Park housing rehab program;
2. Ongoing implementation of the SCDP Lincoln Park housing rehab program;
3. Ongoing rehab and maintenance of public housing using 1999 CIAP funds;
4. Initiate rehab and maintenance activities for public housing using 2000 CIAP funds;
5. Target extremely low income renters through admission preferences;
6. Target homeless individuals through admission preferences;
7. Collaborate with DTED to utilize Minnesota Investment Funds (MIF) for affordable housing development.
8. Consult with the Resident Advisory Board regarding housing strategies.
9. Submitted proposal to MHFA 2/01/01 for development of inclusionary owner-occupied & rental LMI housing.
10. Submit comprehensive proposal to DTED SCDP program on 10/01/01 including funding request for owner-occupied & rental housing rehab activities.
11. Continue to work with area employers, MHFA, and the Greater Minnesota Housing Fund to implement employer assisted housing program to increase home ownership for area workers.
12. Continue to partner with local housing advocacy groups to explore initiation of additional MHFA programs designed to enhance home ownership and improve housing stock.
13. Work with local developers to expand supply of new affordable housing for LMI households;
13. Implement Section 8 Homeownership Voucher Program

☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**Not applicable.**

#### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

**Not applicable.**

## Attachment A

*“19. Definition of “Substantial Deviation” and “Significant Amendment or Modification” [903.7 (r)].*

- A. General. For the purposes of the 5-Year and Annual Public Housing Agency Plan any *substantial deviation* or *significant amendment or modification* to the plans will be subject to the review of the Resident Advisory Board and full public hearing process requirements.
- B. Definition. “Substantial deviation” or “Significant amendment or modification” shall mean any action taken by the public housing authority that changes or modifies:
  - 1. Rent or admission policies or organization of the waiting list;
  - 2. The Capital Fund Program plan either through the addition or deletion of items or projects from the list of planned activities or change in use of replacement reserve funds under the Capital Fund; and
  - 3. Planned demolition or disposition, designation, homeownership programs or conversion activities.
- C. Exceptions. Exceptions to this definition will be made for any of the above actions that are made to reflect a change in HUD regulatory requirements.



## **Attachment B**

### **RESOLUTION APPROVING THE SUBMISSION OF THE MANKATO ECONOMIC DEVELOPMENT AUTHORITY PHA 5-YEAR AND ANNUAL PLAN TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)**

WHEREAS, The Quality Housing and Work Responsibility Act of 1998 (QHWRA) established certain public housing reforms; and

WHEREAS, One such reform measure was published by HUD on October 21, 1999 as a Final Rule in the Federal Register regarding the development of 5-Year and Annual Public Housing Agency plans; and

WHEREAS, The Mankato Economic Development Authority serves as the City of Mankato's public housing authority and has developed a 5-Year and Annual Public Housing Agency Plan in accordance with The Quality Housing and Work Responsibility Act of 1998 and the Final Rule as implemented at CFR 24 Part 903; and

WHEREAS, The Mankato Economic Development Authority has reviewed the 5-Year and Annual Public Housing Agency Plan and has met the full public hearing process requirements and has deemed the Plan complete;

NOW THEREFORE BE IT RESOLVED, by the Mankato Economic Development Authority hereby approves the content of the 5-Year and Annual Public Housing Agency Plan and further authorizes the submission of the Plan to HUD in accordance with provisions of the Quality Housing and Work Responsibility Act of 1998.

I CERTIFY THAT, the above resolution was adopted by the Mankato Economic Development Authority on June 11, 2001.

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Jeff Kagermeier  
Chairman

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Pat Hentges  
Executive Director



## ***Attachment G***

### **Resident Advisory Board Members**

**Amy Schwichtenberg  
20 Hill Top Lane, #7  
Mankato**

**Doug Courtney  
101 Glenwood Avenue #309  
Mankato**

**Monica Delis  
1400 Warren Road #E-7  
Mankato**

**Cindy Blaufuss  
116 Swiss Street  
Mankato**

**Emilie Stenzel  
309 Main Street, NW  
Mapleton**

**Monica Stensby  
704 Blue Earth Road #1  
Mankato**



## Capital Fund Program 5-Year Action Plan

## ATTACHMENT I

Complete one table for each development in which work is planned in the next 5 PHA fiscal years.  
Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| CFP 5-Year Action Plan  |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement |  |  |
| Development Number  | Development Name<br>(or indicate PHA wide) |  |
| MN63-1  | Mankato EDA                                |  |
| Description of Needed Physical Improvements or Management Improvements                            | Estimated Cost                             | Planned Start Date<br>(HA Fiscal Year) |
| Replacement of Flooring, stair treads, floor molding, etc 40 units                                |  | 2002                                   |
| Replacement of Storage area doors   |  | 2002                                   |
| Storage Sheds replacement   |  | 2003                                   |
| Driveway replacement, parking area overlay & courtyard replacement                                |  | 2003                                   |
| Vent hoods, GFI's, fuse box/circuit breakers  |  | 2003                                   |
| Furnaces  |  | 2003                                   |
| Window and roof replacement & seal exterior Orness Plaza  |  | 2004                                   |
| Repair/Replace Exterior Panels-Orness   |  | 2005                                   |
| Remodel/Rehabilitate Orness Plaza   |  | 2005                                   |
| Total estimated cost over next 5 years  |  |  |

## Capital Fund Program 5-Year Action Plan

## ATTACHMENT I

Complete one table for each development in which work is planned in the next 5 PHA fiscal years.  
Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| CFP 5-Year Action Plan  |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement |  |   |
| Development Number  | Development Name<br>(or indicate PHA wide) |   |
| MN63-2  | Mankato EDA                                |   |
| Description of Needed Physical Improvements or Management Improvements                            | Estimated Cost                             | Planned Start Date<br>(PHA Fiscal Year) |
| Replacement of Flooring, stair treads, floor molding, etc 40 units                                |  | 2002                                    |
| Replacement of Storage area doors   |  | 2002                                    |
| Storage Sheds replacement   |  | 2003                                    |
| Driveway replacement, parking area overlay & courtyard replacement                                |  | 2003                                    |
| Vent hoods, GFI's, fuse box/circuit breakers  |  | 2003                                    |
| Furnaces  |  | 2003                                    |
| Window and roof replacement & seal exterior Orness Plaza  |  | 2004                                    |
| Repair/Replace Exterior Panels-Orness   |  | 2005                                    |
| Remodel/Rehabilitate Orness Plaza   |  | 2005                                    |
| Total estimated cost over next 5 years  |  |   |

## Capital Fund Program 5-Year Action Plan

## ATTACHMENT I

Complete one table for each development in which work is planned in the next 5 PHA fiscal years.  
Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| CFP 5-Year Action Plan  |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement |  |  |
| Development Number  | Development Name<br>(or indicate PHA wide) |  |
| MN63-6  | Mankato EDA                                |  |
| Description of Needed Physical Improvements or Management Improvements                            | Estimated Cost                             | Planned Start Date<br>(HA Fiscal Year) |
| Replacement of Flooring, stair treads, floor molding, etc 40 units                                |  | 2002                                   |
| Replacement of Storage area doors   |  | 2002                                   |
| Storage Sheds replacement   |  | 2003                                   |
| Driveway replacement, parking area overlay & courtyard replacement                                |  | 2003                                   |
| Vent hoods, GFI's, fuse box/circuit breakers  |  | 2003                                   |
| Furnaces  |  | 2003                                   |
| Window and roof replacement & seal exterior Orness Plaza  |  | 2004                                   |
| Repair/Replace Exterior Panels-Orness   |  | 2005                                   |
| Remodel/Rehabilitate Orness Plaza   |  | 2005                                   |
| Total estimated cost over next 5 years  |  |  |

# **ATTACHMENT J**

## ***Resident Advisory Board Comments***

On Wednesday May 16, 2001, this Plan was presented to the Resident Advisory Board. The Board expressed that they supported the Plan as presented and recommended that it be submitted as presented.



## **Attachment K**

# **Mankato/Blue Earth County HRA Pet Policies**

Effective – April 1, 2001

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**Pet Ownership Policy** – The pet ownership policies have been developed in accordance with the Quality Housing and Work Responsibility Act of 1998. All cats and dogs must be registered with the HRA prior to being brought onto the premises. When registration requirements have been met and deposits paid in full, a Pet Permit will be issued to the tenant. Pets that visit the properties of the HRA are subject to the same policies and deposit requirements.

1. **Permitted Pets** – Tenants will be allowed to have up to two caged birds, and fish in aquariums (not to exceed 20 gallons), without a Pet Permit. If registration requirements are met and a Pet Permit is issued, tenants may have one dog (no larger than 20 pounds), or one cat at the HRA property. Prohibited pets include wild, undomesticated, vicious, destructive, or uncontrollable animals of any type. Rodents of any type are not permitted as pets in HRA housing.
2. **Pet Permit** – Prior to bringing a pet onto HRA property, tenants must complete all portions of the Pet Permit form and return it to the Housing Office for review. The permit requires: specific background on the pet, licensure (for dogs), vaccination and spaying/neutering verification by a veterinarian, and the signature of a person (not residing in the household) who is responsible for the pet, should the owner not be available or able to care for the animal. If HRA personnel approve the application and deposits are paid in full, a Pet Permit will be issued for the animal. The Pet Permit cannot be transferred to another animal.
3. **Fees and Deposits** – Tenants must pay a nonrefundable fee of \$50 and a refundable deposit of \$500, at the time the Pet Permit is being reviewed. The deposit will be held in escrow until the pet no longer resides at the property, and will be returned with interest if no damage is done to the unit. The tenant is responsible for damages done to the unit which exceeds both the security and pet deposits. Pet deposits may also be utilized if unpaid rent and other damage charges are assessed after the tenant vacates the unit.

4. **Financial Ability** – Tenants must be in good standing with the HRA before a pet permit will be issued. Good standing is defined as a tenant who has had no more than one late rental payment during the previous 12 months, and has no current balance due to the HRA. Tenants moving into Public Housing must provide verification from their previous landlord (or mortgage company) that rent was not late for more than one month during the previous 12 months.
5. **Pet Care Requirements for Dogs** – The following requirements apply to dogs:
  - Dogs must be neutered/spayed, and have current vaccinations.
  - Barking, howling, biting, growling and scratching must be abated.
  - Dogs must remain inside the unit, unless on a 6' (or less) leash outside.
  - Dogs are not allowed in other units or in public/common areas.
  - Dogs must be kept in a kennel located inside the unit when left unattended.
  - Tenant is responsible for fumigation costs, when necessary.
  - Tenant is responsible for carpet cleaning, when necessary.
  - Dogs must be identifiable by licensure displayed on their collar.
  - Tenants are responsible to clean up dog waste immediately from lawns. Waste must be collected and disposed of in a tied plastic bag.
  - Dogs must be housebroken, and tenants are responsible for removing and disposing of all wastes (in a tied plastic bag) from the interior of property, as well as washing and disinfecting affected areas inside the unit.
  - Dog must be properly fed and watered – only on non-carpeted floor surfaces.
  - Owner must eliminate all pet odors and keep unit in sanitary condition.
6. **Pet Care Requirements for Cats** – The following requirements apply to cats:
  - Cats must be neutered/spayed, and have current vaccinations.
  - Howling, biting, growling, scratching and marking must be abated.
  - Cats are not allowed in other units or in public/common areas
  - Tenant is responsible for fumigation costs, when necessary.
  - Tenant is responsible for carpet cleaning, when necessary.
  - Cats must use litter boxes that are placed on non-carpet floor surfaces.
  - Tenant is required to remove litter box wastes on a daily basis.
  - Tenants are responsible for to clean up cat waste immediately from lawns.
  - Cats must be housebroken, and tenants are responsible for washing and disinfecting areas that are associated with litter boxes and cat waste.
  - Owner must eliminate all pet odors and keep unit in sanitary condition.
7. **Renter's Liability** - The pet owner will be responsible for any injury or damage his/her pet causes to HRA property, the person or property of another resident or neighbor, an HRA employee or agent of the HRA. Therefore, the HRA strongly encourages tenants to purchase personal liability insurance or renter's insurance that covers pet ownership. HRA personnel may refuse to enter units where pets are not confined or under adult control. The HRA is not responsible for pets that run outside

when the unit is being entered by contractors or HRA staff to perform routine maintenance or repairs to the unit.

8. **Cancellation of Pet Permit** - The Pet Permit will be cancelled if the pet becomes a documented nuisance or a disturbance to others, a health or safety threat, bites/attacks someone, is not cared for according to the pet policies, if pet waste is not properly disposed of, or if the dwelling unit is being negatively affected by the presence of a pet. The tenant shall not permit any disturbance by their pet which would cause any discomfort, annoyance or nuisance to other persons. If a policy violation occurs, the tenant will be given one written warning notice, enabling them to immediately correct the situation. If a second violation of the same nature occurs, the Pet Permit will be cancelled by written notice to the tenant. Cancellation of the permit requires the tenant to permanently remove the pet from the premises within seven days of the date of the letter. Tenant must provide third party written verification of the new location of the pet. In emergency situations, such as a bite or an attack of a person, cancellation of the Pet Permit will be immediate, and the pet must be permanently removed from the premises within 24 hours of the attack. Written notification, canceling the Pet Permit will be issued immediately. All notices will be sent to tenants by first-class mail. Failure to remove the pet from the premises within the time frame given in the written notification is considered good cause for termination of the dwelling lease.
9. **Pet Identification and Annual Review** – Cats and dogs must wear a collar at all times, which displays a current vaccination tag and an identification tag. Any pets found on HRA property without identification or inoculation tags will be considered a stray animal, and removed from the property. Stray animals will be taken to the Mankato Pet Hospital. Impoundment fees need to be paid by the owners when the animal is claimed. If the animal is not claimed within five business days, the animal will be destroyed pursuant to City ordinance. Each year, at annual recertification, the tenant will be required to bring proof of current vaccinations and licenses for the pet which is registered with the HRA.
10. **Unattended Pets and Improperly Cared For Pets** - If an unattended pet is determined by HRA personnel to be in distress, is suffering from lack of proper care, or is causing a disturbance to others, the HRA, at its sole discretion, may remove the pet and deliver it (or cause it to be delivered) to proper authorities. The HRA accepts no responsibility for the pet under such circumstances.
11. **Legal Claims** - The pet owner agrees to indemnify, defend and hold the HRA harmless from and against any and all claims, actions, suits, judgements and demands brought by any other party on account of or in connection with any activity of or damage caused by tenant's pet.

**\*The pet policies and permit process also apply to guide-dog animals. However, if some of the written policies interfere with the full and intended use of the pet for**

**guidance purposes, please contact the HRA and make a request for reasonable accommodations. HRA personnel will review your case upon request.**